## METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY HUMAN RESOURCES DEPARTMENT

## INSPECTION/DUPLICATION OF RECORDS REQUEST

Per Tenn. Code Ann. 10-7-503(a) and as adopted by Metro Executive Order 35, unless another provision in law specifically requires written request, a request to <u>inspect</u> public records may not be required to be in writing nor can a fee be assessed for <u>inspection</u> of records. Per Metro Executive Order No. 35 a department may require a request for <u>copies</u> of public records to be in writing. Your request will be processed as soon as reasonably possible and normally within seven (7) business days. If the request cannot be reasonably processed within seven (7) business days you will be notified.

1. Name of requestor:(Print or Type; Initials of requestor are required for copy requests)
Form of identification provided ( <i>If required</i> ): Photo ID issued by governmental entity including requestor's addressOther:
3. Requestor's address:
4. Contact Phone Number:
5. Request for:inspection only orcopy
6. Please provide a detailed description of the record(s) including relevant date(s) and subject matter:
Requests may be hand delivered or mailed to:
Human Resources Department 222 Third Avenue North, 2 <sup>nd</sup> Floor
Nashville, TN 37201  You may fax the request to our fax number: 615-862-6654 or email to tara.stewart@nashville.gov
FOR OFFICE USE ONLY
Employee receiving request:
Print or Type and Initial)  Date and time request received:
Response: same day or date provided

## Cost Estimate

7. Cost estimate provided at time of request (if applicable) a. Number of pages to be copied: Est b. Cost:		
(1) Per page letter or legal sized \$(\$	0.15) per black and white \$	_(\$0.50) per color
c. Estimate of labor costs to produce the copy (for time Labor at \$/hour for	hour(s). hour(s). hour(s).	
f. Estimate of total cost to produce request:  g. Estimate provided to requestor:in person  Other (explain):		
8. Payment:  a. Form of payment:Cash orCheck b. Amount of payment: c. Date of payment: d. Actual cost (and adjustment if prepaid):		
9. Date of access to recordsand/or deliver	ry of copies:	
Signature of Records Custodian	Date	
Signature of Requestor	Date	